VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

July 3, 2019

Mr. Bruce Francis, Manager
Home Sweet Home
99 Atkinson Street
Bellows Falls, VT 05101

Dear Mr. Francis:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **June 10, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0661	A. BUILDING. _____ B. WING _____	C 06/10/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME SWEET HOME	99 ATKINSON STREET BELLOWS FALLS, VT 05101

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R100	Initial Comments: An unannounced on-site anonymous complaint investigation was conducted by the Division of Licensing and Protection on 6/10/19 and there were regulatory violations.	R100	Please see attached plans of correction.	
R145 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the nurse failed to oversee the development of a written care plan for 3 of 3 residents in the sample, Resident #1, 2 and 3. Findings include: 1.) Per interview with house manager and per record review, Resident #1 has medical attention-seeking behaviors and requires staff interventions when the behaviors escalate. The facility also provides assistance making arrangements for medical appointments and when Resident #1 insists that her medical condition is out of control, she receives assurance and is receiving one on one weekly visits with the Registered Nurse (RN) to review his/her concerns. Per review with the manager at 2:30 PM, confirmation was made that there is no care plan for behaviors for Resident #3.	R145		

R145 - R167 POC accepted 7/3/19 BBartell RN / Prue

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R145	Continued From page 1	R145		

2.) Resident #2 has documented behaviors of speaking out to other residents that s/he feels upsets him/her. It was also reported by the RN that Resident #2 has agitated behaviors that are triggered by others and when his/her cigarette supply runs low. Resident #2 stated, during an interview at 11:40 AM, that s/he gets upset with a couple of other residents in the facility and s/he has to go for a walk when he gets angry. Per record review and per interview with the RN, there is no care plan to address the behaviors and no interventions to help Resident #2 cope when s/he feels triggered. The manager confirmed at 2:30 PM on 6/10/19, that there is no care plan for behaviors for Resident #2. S/he stated that they have a computer program that can be accessed by all staff, but the care plans have not been completed yet.

3.) Resident #3 has diagnoses that includes anxiety and personality disorder that presents itself as a different personality when s/he is upset. The RN stated that sometimes other clients will trigger withdrawal and a different personality because of their behaviors. The RN stated that staff will talk to her and divert her thinking during these times. There is no evidence of a care plan for behaviors noted in the medical record for the behavior or the intervention. The manager confirmed on 6/10/19 at 2:30 PM that there are no care plans to address behaviors for Resident #3.

R179 SS=D V. RESIDENT CARE AND HOME SERVICES — R179

5.11 Staff Services

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R179	Continued From page 2 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: The facility failed to ensure that two (2) of three (3) staff reviewed, were provided with education for respectful and effective interactions with residents and general supervision and care of residents. Findings include: Per review of the education for staff member #1 (hired 3/9/19) and Staff #2 (hired 4/14/19) there is no evidence of training surrounding resident rights, respectful and effective interactions with residents and general supervision and care of residents. The facility has residents that have	R179		

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R179	Continued From page 3 behaviors and negative interactions with other residents that trigger behaviors. The staff have not had training in dealing with the behaviors. Per interview with the manager on 6/10/19 at 1:30 PM, the education had not been completed and that s/he was the one responsible to insure that training is completed by staff.	R179		
R187 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (1) A resident register including all discharges, transfers out of the home and admissions. This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to have a resident register that included admissions. Findings include: Upon request for the facility register of residents, the house manager questioned as to what the registry was, and after explanation of the regulation, s/he confirmed at 1:30 PM on 6/10/19 that the facility had not kept track of the residents and there was no register.	R187		

Plan of Correction

Home Sweet Home, 99 Atkinson Street, Bellows Falls, Vt 05101

Deficiency	Action to correct	Method of Measurement	How and who will monitor	Date of completion
Development of Careplans R 145	Develop care plans for all residents	Careplans will be written and available in resident record	Registered nurse - Upon Initial Assesment and review Quarterly	6/30/19

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Plan of Correction

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Deficiency	Action to correct	Method of Measurement	How and who will monitor	Date of completion
ANNUAL TRAINING OF STAFF AS LISTED R17	Provide Training Modules To Staff	Certificate of Completion AFter Training The STAFF member Reviewed & Trained Completed 6-26-2019	HSH Mgr & RN OVer-sight	Ongoing Enroll STAFF

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Plan of Correction	Home Sweet Home, 99 Atkinson Street, Bellows Falls, Vt 05101			
Deficiency	Action to correct	Method of Measurement	How and who will monitor	Date of completion
Resident Registry R187	Create Resident registry form	see completed registry form	Bruce Frances on admission of any resident or discharge	6/27/19

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